
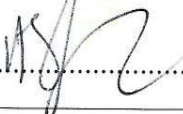


	<b>Document Control Page</b>
<b>Title</b>	Quick reference guidelines for monitoring of disease modifying anti-rheumatic drug (DMARD) therapy
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<b>Additions</b>	None
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	Pennine MSK Partnership Limited <b>Dr Hugh Sturges - Executive Director</b> Signed  Date 16/04/19
<b>Circulation List</b>	To be circulated to: All staff employed by Pennine MSK Partnership Limited All contracted staff to Pennine MSK Partnership Limited NB: All staff to read and ensure appropriate action taken.
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Drug	Dose	Pre Treatment	FBC	U&E	LFT	Glucose	Blood Pressure (BP)	Urine Analysis	Weight	Frequency/Comment
Methotrexate  Folic acid	10-25mg once a week  <b>2.5mg tablets only to be prescribed</b>  Minimum 5mg once a week >24hrs after methotrexate	Baseline height, weight, BP, FBC, U&E and LFT.  Vaccinations against pneumococcus and flu are recommended	Yes	Yes	Yes					FBC, U&E, LFT every 2 weeks until on a stable dose for 6 weeks. Then monthly for 3 months. Thereafter every 12 weeks.
Sulfasalazine	500mg od increasing the dose by 500mg each week to a maximum of 2-3g/day.	Baseline height, weight, BP, FBC, U&E and LFT.  Vaccinations against pneumococcus and flu are recommended	Yes	Yes	Yes					FBC, U&E, LFT every 2 weeks until on a stable dose for 6 weeks. Then monthly for 3 months. Thereafter every 12 weeks for 12 months then no routine monitoring required if stable.

Drug	Dose	Pre Treatment	FBC	U&E	LFT	Glucose	Blood Pressure (BP)	Urine Analysis	Weight	Frequency/Comment
Hydroxychloroquine	200 – 400mg daily	Baseline height, Weight, BP, FBC, U&E and LFT.  Vaccinations against pneumococcus and flu are recommended								No routine Laboratory monitoring
Azathioprine	1mg/kg/day increase at 6 weekly intervals to max 3mg/kg/day	Baseline height, weight, BP, FBC, U&E and LFT.  Baseline Thiopurine Methyltransferase (TPMT) to be assessed.  Vaccinations against pneumococcus and flu are recommended	Yes	Yes	Yes					FBC, U&E, LFT every 2 weeks until on a stable dose for 6 weeks. Then monthly for 3 months. Thereafter every 12 weeks.

Drug	Dose	Pre Treatment	FBC	U&E	LFT	Glucose	Blood Pressure (BP)	Urine Analysis	Weight	Frequency/Comment
Ciclosporin	Start 2.5mg/kg/day in two divided doses for 6 weeks. Then may be incrementally increased by 25mg at 2-4 weekly intervals until clinically effective or maximum dose of 4mg/kg is reached.	Baseline height, weight, BP, FBC, U&E and LFT.  Vaccinations against pneumococcus and flu are recommended	Yes	Yes	Yes	Yes	Yes			FBC, U&E, LFT, glucose and BP every 2 weeks until on a stable dose for 6 weeks. Then monthly for at least 12 months.
IM Gold (Myocrisin)	Test dose 10mg then 50mg weekly until a total dose of 1000mg is given	Baseline height, weight, BP, FBC, U&E and LFT. Urine analysis for blood and protein.  Vaccinations against pneumococcus and flu are recommended	Yes	Yes	Yes			Yes		FBC, U&E, LFT every 2 weeks until on a stable dose for 6 weeks. Then monthly for 3 months. Thereafter every 12 weeks.  Urine analysis for blood and protein prior to each dose.

Drug	Dose	Pre Treatment	FBC	U&E	LFT	Glucose	Blood Pressure (BP)	Urine Analysis	Weight	Frequency/Comment
Leflunomide	10-20mg daily.	Baseline height, weight, BP, FBC, U&E and LFT.  Vaccinations against pneumococcus and flu are recommended	Yes	Yes	Yes		Yes		Yes	FBC, U&E, LFT, BP and weight every 2 weeks until on a stable dose for 6 weeks. Then monthly for 3 months. Thereafter every 12 weeks.  <b>If used in combination with methotrexate monitoring should remain at monthly for at least 12 months</b>
Mycopenolate Mofetil	500mg od increasing weekly by 500mg to maximum dose 3g/day	Baseline height, weight, BP, FBC, U&E and LFT.  Vaccinations against pneumococcus and flu are recommended	Yes	Yes	Yes					FBC, U&E, LFT every 2 weeks until on a stable dose for 6 weeks. Then monthly for at least 12 months.

## References

The above table has been produced from information documented within “BSR/BHPR Non-Biologic DMARD Guidelines” (2017)